



CITY OF NEWPORT

DEPARTMENT OF FINANCE &
ADMINISTRATION
LICENSE DIVISION
859-292-3660

\$35.00

CN-2T

APPLICATION FOR OCCUPATIONAL LICENSE

Make payable to: City of Newport.
Return to: Department of Finance &
Administration
998 Monmouth Street
Newport, KY 41071

APPLICATION FOR TEMPORARY VENDOR LICENSE FOR SPECIAL EVENTS

1 NAME OF APPLICANT _____

TRADE NAME OR DBA _____

STREET _____ CITY _____ STATE _____ ZIP _____

NAME OF EVENT _____

DATES OF EVENT _____

2 OWNER (S) OF BUSINESS

NAME/ADDRESS	D.O.B	TITLE	RES. TEL. NO.	S.S. #

3 IDENTIFICATION NUMBERS

Enter any of the following identification numbers which apply to your company.

FEDERAL EMPLOYERS I.D. NUMBER (The number used to file Federal Income Tax) _____

KENTUCKY ACCOUNT NUMBER (The number used to file Kentucky Income Tax) _____

SOCIAL SECURITY NUMBER (If you are sole proprietor) _____

4 NATURE OF BUSINESS

Please describe the business and its operation, including where and how sales, services, and/or any other activities take place. Be specific. Any license issued will be only for those activities outlined in this application. Any expansion beyond these activities is unlawful until a new application is submitted and approved.

I hereby certify that all information and statements herein are true and correct.

Signed X _____

Official Title _____ Date _____